

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-008565

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED FEB 19 1963

318

1003

1424

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ALEXIAN-BROTHERS-HOSP</u>		d. STREET ADDRESS (If outside, give location) <u>2211-MADISON-ST.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>FRANK-B.-ELLEBRACHT.</u>		4. DATE OF DEATH Month Day Year <u>FEB. 8TH 1963</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-11-1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED-ELEVATOR-OPERATOR</u>		11. BIRTHPLACE (City and state or country) <u>ST. LOUIS - MO.</u>	
13a. FATHER'S NAME <u>ANTHONY-ELLEBRACHT</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERINE-ROEBBEN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		17. INFORMANT Address <u>ADELAIDE-ELLEBRACHT - 2211-MADISON-ST.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Heart Failure</u> DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) <u>420.0 F</u>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>fracture of left hip intertrochanteric</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>fell at home</u>	
20c. TIME OF INJURY Hour a.m. p.m. <u>1-25-63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>St. Louis</u>	
21. I attended the deceased from <u>JAN 25</u> to <u>FEB. 8</u> and last saw him alive on <u>FEB. 7</u>		21. Death occurred at <u>1:30 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Donald O. Burstn</u>		22b. ADDRESS <u>6500 Chippewa</u>	
22c. DATE SIGNED <u>FEB 8 1963</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
23b. DATE <u>FEB. 11-1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>CALVARY-CEMETERY</u>	
23d. LOCATION (city, town, or county) <u>ST. LOUIS</u>		23e. STATE <u>MO.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Brockland Und. G. 1827-MOGAN-ST.</u>		25. DATE RECD. BY LOCAL REG. <u>FEB 9 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Paul Smith. M.D.</u>			

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Dr. Donald Bunt - 6500 Chippewa Ave. 2:30 to 4:30